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A CASE OF SYMPHYSIOTOMY.*

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Mrs. M. L., I-para, aged 25, of Irish parentage, gives the following history: She has been healthy up to her marriage, four years ago; since then to the date of her pregnancy she has suffered from what a local gynæcologist pronounced to be pyo-salpingitis. However she became pregnant and appeared to do well.

On the 4th inst. slight labour pains were experienced and the liquor amnii began to flow away. I saw her on the morning of the 5th, and labour was then active, but the os uteri not fully dilated. The pelvis was found to be contracted. At 3 A.M., dilatation being complete, with no descent of the fœtal head, it was thought expedient to use the forceps. Dr. Gordon Campbell anæsthetized the patient, and a thorough examination of the pelvis and contents made. The head had not engaged and was rge. The inlet was circular, with a true conjugate of 75 mm. .ıe succeeding diameters in the pelvic cavity were correspondingly diminished, the small space between the tuber ischii especially so. An attempt an extraction with forceps was unsuccessful. Undue violence was avoided. Crying of the child in utero was distinctly heard by those present. At 9 A.M. Drs. Lockhart and Kenneth Cameron saw the case. The uterus was then tightly contracted upon the child, whose head was tightly filling the inlet. It was easily seen that the pelvis was too small to extract, and symphysiotomy was decided upon.

* Read before the Medico-Chirurgical Society of Montreal, Dec. 9, 1892.

A median incision over the symphysis, extending three-quarters of an inch above this and passing slightly to the left of the clitoris, was made down to the bone. A vulcanite rod in the urethra drew it over to the right and depressed it away from the incision. Above the pubis the incision was deepened until the loose cellular tissue was reached. The left forefinger was then passed behind, and the position of the urethra being ascertained, the symphysis was cut through. The two sides sprang apart, leaving an interval of over one inch. A pad was placed over the wound and the fœtus rapidly delivered with forceps by Dr. Lockhart, proper support being given laterally to the pelvis. The child was in good condition and not disfigured by the instruments.

The total time was one hour and a quarter from the commencement of the operation until all dressings were completed.

The measurements of the child's head are :

B.P.	= 94	mm. in diameter.
F.O.	=120	" "
M.O.	=145	" "
B.T.	= 88	" "
Shoulders	=155	" "
Circumference of head	=33.5	cm.
" " shoulders.	=40·5	cm.
" " hips	=28	cm.
Length of child	=53	c.m.
Weight	3629	grms.

Both mother and child have done well since. There is considerable pain about the left sacro iliac synchondrosis, due, I believe, to rupture of the anterior ligaments.

Symphysiotomy, or division of the pubic symphysis, has lately been brought prominently before the American profession by Dr. Robt. P. Harris of Philadelphia. On Sept. 20th he read an exhaustive and admirable paper upon the subject before the American Gynæcological Association, setting forth the many claims advanced and good results obtained by Italian obstetricians, notably Drs. Morisani and Nori of Naples, and the adoption of the procedure by Professors Leopold, Freund, Porak and others. The operation is becoming popular on the continent,

but, as yet, has not gained a foothold in Great Britain.* To Prof. Morisani is due the credit of perfecting this operation. His successes have dispersed the many objections to it, of Sigault, its originator's time.

The first case in America is reported by Dr. Jewett of Brooklyn on the 30th September. Drs. Barton Cooke Hirst and A. S. Broomall have each reported one since. All were successful. The operation is limited to a true conjugate diameter of not less than $2\frac{1}{2}$ to $2\frac{3}{4}$ inches. It is not applicable to certain deformed pelves (Robert Naegele, coxalgic anchylosis); nor should it be applied to cases of cancerous or other growths in the pelvis.

It is claimed that the operation will be conservative in the child's interest to the extent of the abandonment of craniotomy. Moreover, it is said that symphysiotomy will supersede the Cæsarian operation, when the latter is performed for the lesser degrees of contracture to which symphysiotomy is applicable.

Dr. Harris, in his paper, gives interesting statistics in a tabular form of 44 cases collected from various continental sources. One mother died from metro-peritonitis, not supposed to be due to the operation; five suffered from vesico-vaginal fistulæ. With these exceptions the recoveries were perfect; the longest period of confinement to bed being 35 days. The results to the children showed five deaths; of these three were born dead (?), the remainder living for some time after birth. All children dying before three days being counted in the mortalities of the operation.

The greatest comparative size of the fœtal head to the true conjugate was 100 mm. to 67 mm. in a case of Dr. Nori's; the smallest being in a case of Prof. Freund's, of 110 to 100.

The simplicity of the operation is one of the claims advanced by its advocates. It is said that lameness as a result is very rare, Dr. Harris, in his report, not mentioning a case. The operation has been approved of by Charpentier, Leopold, Porak, Hirst and many others; and if it does all that is claimed for it, it will be welcomed by all.

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* Since reporting the above, I see a case mentioned in the *British Medical Journal*, operated upon by Dr. Smylie, of the Rotunda Hospital, Dublin, on Nov. 22nd.